



SOUTH TUCSON POLICE DEPARTMENT

APPLICANT QUESTIONNAIRE

READ CAREFULLY:

Your questionnaire is subject to a complete background review consisting of family, personal, financial and medical characteristics, when not specifically in our background investigation and for no other purpose.

Any misstatement of fact, or omission of material information requested in this questionnaire may disqualify you for any employment by the Police Department of the City Of South Tucson. All responses made by you will be held in the strictest confidence.

INSTRUCTIONS

- A. **Print all answers in INK -- DO NOT TYPE!**
- B. **Answer Every Question: If information requested does not apply, Indicate N/A in the blank space.**
- C. **If you cannot remember , or don't know, the requested information, Indicate "I can't remember" or "I don't know" in the blank space.**

I have read the above,

Signature

1. FULL NAME _____
Last First Middle
2. SOCIAL SECURITY NO. _____ MAIDEN NAME _____
- 3 CURRENT ADDRESS _____
Street City State Zip
4. HOME PHONE _____ MESSAGE PHONE _____
5. DATE OF BIRTH _____ BIRTH PLACE _____
6. HEIGHT _____ WEIGHT _____ COLOR EYES _____ COLOR HAIR _____
7. Are you a U.S. Citizen by birth? _____ Yes _____ No or by
naturalization _____ Yes _____ No
If hired, you may be required to submit proof of citizenship.
8. Are you acquainted with any member(s) of this Police Department?
_____ Yes _____ No
If Yes, with whom? _____

9. Present marital status: _____ Single _____ Married _____ Divorced
_____ Widowed _____ Separated

PART A. If you are married, or ever have been, complete the following regarding your spouse:

[illegible]

PART B.

Date of Marriage	City	State	Date of Divorce or Separation	City	State

PART C. List all children born to you as well as any person who is dependent upon you for support (excluding spouse).

[illegible]

- [illegible]

- [illegible]

- [illegible]

- [illegible]

14. What was your grade average in high school?_____

15. How many units of college have you completed?_____

16. What was your Major in college?_____

Minor?_____

17. Have you ever been suspended, expelled from a school, or denied admission to one? _____Yes _____No If Yes, explain

18. Complete Employment History (Start with present position and work backwards) Exclude part-time jobs you held prior to the age of 17.

A. Employer (Name of Company)_____Phone No._____
Street No._____City_____State_____Zip_____
1. Type of work or job_____
2. Full Time_____Part Time_____
3. Salary per month_____
4. Employed from_____to_____
5. Name of Supervisor_____
6. Why did you leave?_____

B. Employer (Name of Company)_____Phone No._____
Street No._____City_____State_____Zip_____
1. Type of work or job_____
2. Full Time_____Part Time_____
3. Salary per month_____
4. Employed from_____to_____
5. Name of Supervisor_____
6. Why did you leave?_____

C. Employer (Name of Company)_____Phone No._____
Street No._____City_____State_____Zip_____
1. Type of work or job_____
2. Full Time_____Part Time_____
3. Salary per month_____
4. Employed from_____to_____
5. Name of Supervisor_____
6. Why did you leave?_____

D. Employer (Name of Company) _____ Phone No. _____
Street No. _____ City _____ State _____ Zip _____
1. Type of work or job _____
2. Full Time _____ Part Time _____
3. Salary per month _____
4. Employed from _____ to _____
5. Name of supervisor _____
6. Why did you leave? _____

E. Employer (Name of Company) _____ Phone No. _____
Street No. _____ City _____ State _____ Zip _____
1. Type of work or job _____
2. Full Time _____ Part Time _____
3. Salary per month _____
4. Employed from _____ to _____
5. Name of supervisor _____
6. Why did you leave? _____

(If there are more than five, use the back of this page)

19. Have you ever been fingerprinted, other than for an arrest?

_____ Yes _____ No If Yes, give details below:

Name of Agency	Date	Purpose

20. Why do you wish to leave your present employment? _____

21. Have you ever been discharged or asked to resign from any employment? _____ Yes _____ No If Yes, explain

22. Have you ever been barred from taking a Civil Service Examination? _____ Yes _____ No If Yes, explain _____

23. Are you now on any eligibility list for employment?

_____Yes _____No If Yes, explain _____

24. Were you ever placed on an eligibility list and not hired?

_____Yes _____No

Or rejected from any Civil Service position?

_____Yes _____No Why? _____

25. What position have you ever held which required supervisory or executive ability, the exercise of authority and the ability to lead or control subordinates?

26. Have you ever resigned from a job because of a disagreement with an employer?

_____Yes _____No

27. List any disciplinary action taken against you by an employer.

28. Have you ever been sued in Court for any reason?

_____Yes _____No If Yes, explain _____

29. List all present debts, including alimony and/or child support excluding living expenses.

Type	Company	Address Street City State	Payment	Balance	Open/ Closed
Rent or Mortgage					
Vehicle					
Loans					
Credit Card					
Acct #					
Credit Card					
Acct #					
Credit Card					
Acct #					
Credit Card					
Acct #					
Credit Card					
Accts					
Other Charges					
Acct #					
Acct #					
Acct #					
Total			\$	\$	

30. Is your spouse employed? Yes No

If yes, give name and address of employer

Monthly Salary \$

31. Do you or your spouse have any other source of income?

_____Yes_____No

If yes, give total amount and source(s)_____

32. Have you been in the military (including the Reserves, National Guard, ROTC)?_____Yes_____No

If Yes, please complete the following chart:

<u>Branch of Service</u>	<u>Serial Number</u>	<u>Date Entered</u>	<u>Name of Military Occupational Spec.</u>
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<u>Date separated or discharged</u>	<u>Type of Discharge</u>
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33. Were you ever the subject of a military criminal investigation?

_____Yes _____No If Yes, explain_____

B. Were you ever the subject of military discipline pursuant to the Uniform Code Of Military Justice or any Service Regulation?

_____Yes _____No If Yes, complete the following chart.

Date	Charge	Disposition

39. Have you received any traffic citations? _____Yes _____No
If yes, complete the following. (List each and every citation, excluding parking citations, since the date you started driving).
LIST JUVENILE AS WELL AS ADULT CITATIONS:

Charge	City and State	Date	Disposition or Penalty

40. Have you ever been convicted or imprisoned for a felony?

_____Yes _____No

If Yes, complete the following. (LIST JUVENILE AS WELL AS ADULT OCCURRENCES)

Occurrence	City and State	Date	Disposition or Penalty

41. Have any of your immediate relatives or your spouse ever been convicted or imprisoned for a felony? ☐ Yes ☐ No

If Yes, explain _____

42. Have you had any major surgical operations, treatments, or injuries requiring major medical treatment?

☐ Yes ☐ No

If Yes, list below, including psychiatric care.

Date	Injury/ Operations	Doctor's Name	Address

43. How much work have you missed during the past year due to illness?

_____ Days

44. Are you drawing any kind of disability pay? ☐ Yes ☐ No

If Yes, explain _____

45. Have you ever used any form of a narcotic or prescription drug. (e.g. tranquilizer, barbiturate, amphetamine , etc.) not prescribed for you by a physician?

☐ Yes ☐ No

If Yes, explain _____

46. Have you ever taken hallucinogenic drugs (e.g. LSD, STP, Peyote, etc.)

____Yes ____No

If Yes, explain_____

47. Do you drink intoxicating liquors? ____Yes ____No

If Yes, what is your weekly consumption? _____

48. Have you ever used marijuana? ____Yes ____No

If Yes, monthly amount_____

49. Are you fluent in any foreign (or manual) language?

____Yes ____No If Yes, check list below.

Language	Understand		Speak		Write		Degree of Proficiency
	Yes	No	Yes	No	Yes	No	

50. Do you know of anything that would disqualify you for a police appointment or prevent you from fully discharging official duties of said position?

____Yes ____No If Yes, explain_____

51. Do you agree to assist the Department in the investigation of complaints that may be registered against you?

____Yes ____No

52. Do you agree to take a test to determine the alcohol content of your blood upon the request of a supervisor?

_____Yes _____No

I, _____, being duly sworn, certify that each of the foregoing statements subscribed to by me are true.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 19__

SIGNATURE OF NOTARY PUBLIC

My commission expires on _____

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the City of South Tucson Police Department bearing this release, or copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of South Tucson Police Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any question as to the validity of this release, you may contact me as indicated below.

Signature_____

Full Name (print or type)_____

Other Names Used_____

Date_____

Current Address_____

Telephone Number_____

Subscribed and sworn to before me this_____ **day of**_____, 19____

NOTARY PUBLIC

My commission expires_____

(Seal)